| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source |
|------------------|--------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0120202 | BOLTON HIGH SCHOOL | | | | NTNC | 304 | L | GW |
| Local Address (v | vhere applicable) | Service | Resider | ntial | Commerci | al Industri | al Combine | ed Agricultural |
| 72 BRANDY STR | EET | Connections | 1 | | | | | |

| Towns Served: BOLTON | | | |
|---|--------------------|--------------------------|--------------------------|
| Monitori | ng Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0 | 00600) | | |
| Asbestos (1094) | | 1 routine | (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/11 - 12/31/19 | | |
| | 1/1/20 - 12/31/28 | | |
| Total Coliform (3100) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Lead And Copper (PBCU) | | 5 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/16 - 12/31/18 | 6/1-9/30 | Complete |
| | 1/1/17 - 12/31/19 | 6/1-9/30 | |
| | 1/1/20 - 12/31/22 | 6/1-9/30 | |
| Physical Parameters (PPS) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Water System Facility: ENTRY POINT (WSF ID: 00701) | | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |
| Nitrate And Nitrite (NOX) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 12/31/19 | | |
| | 1/1/20 - 12/31/20 | | |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |
| Organic Chemicals (VOCS) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 12/31/19 | | Complete |
| | 1/1/20 - 12/31/20 | | |
| | | | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source |
|------------------|--------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0120202 | BOLTON HIGH SCHOOL | | | | NTNC | 304 | L | GW |
| Local Address (w | here applicable) | Service | Residen | itial | Commerci | al Industri | al Combine | ed Agricultural |
| 72 BRANDY STRE | ET | Connections | 1 | | | | | |

Towns Served: BOLTON

| Other Cor | Other Compliance Schedules | | | | | | | | |
|--------------------------------|----------------------------|---------------|--|--|--|--|--|--|--|
| Compliance Schedule Activity | Due Date | Achieved Date | | | | | | | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2019 | | | | | | | | |

| | Wa | ter System Facili | ty and Sampling P | oint Ir | nventoi | у | | |
|--------------------------------|-----------------------|----------------------|----------------------------|-------------|---------------------------|--------------------|----------|---------------------|
| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | <i>-</i> | Total Coliform Rule | Lead and Copper | Ashestos | Stage WQP 2 DBPR |
| 00600 | DISTRIBUTION SYSTEM | 4 | GENERIC DISTRIBUTION | Status A | Y | naic nei | Assestes | TTQT Z DDT N |
| | | BHS-1 | KITCHEN HAND SINK | Α | Y | 2 | Υ | |
| | | BHS-2 | STAFF KITCHEN SINK | Α | Υ | 2 | | |
| | | BHS-3 | NURSES HAND SINK | Α | Υ | 2 | | |
| | | BHS-4 | RM 13 HANDICAP SINK | Α | Υ | 2 | | |
| | | BHS-5 | SUPERVISOR B&G SINK | Α | Υ | 2 | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| 00701 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | |
| 57655 | WELL A | 2 | WELL A | Α | | | | |
| 57657 | WELL B | 2 | WELL B | Α | | | | |
| 57659 | ATMOSPHERIC TANK | | | | | | | |
| 57663 | BLADDER TANK | | | | | | | |
| 57665 | TREATMENT PLANT | | | | | | | |

| | Certified Operator Information | |
|------------------------|---------------------------------|--|
| Water System Facility: | TREATMENT PLANT (WSF ID: 57665) | |

| Facility Classification: | | | Certification |
|--------------------------|-------------------|---|---------------|
| Operator Name | Operator Type | Certification(s) | Expiration |
| LAFRAMBOISE, PAUL F. | CHIEF OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 9/30/2021 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | 9/30/2021 |
| LAFRAMBOISE, JEFFREY | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 12/31/2020 |

| | | | | Contact Inf | ormation | | | | | |
|---------------------|-----------|----------|-----------|--------------------|-----------------|--------------------------|----------------|-----------|----------|--|
| Name | | | | Organization | า | | | Job Title | | |
| Mr. Paul K. Smith | | | | | | | Superintendent | | | |
| Mailing Address Lin | e One | | Mailing A | ddress Line Two | e Two City | | | | Zip Code | |
| 108 Notch Road | | | | | | Bolton | | СТ | 06043 | |
| Business Phone | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | | | |
| 860-643-1569 | 126 | 860-647- | 8452 | | | paulk.smith@boltonct.org | | | | |

Contact Role(s): Legal Contact

| C | Jonnecuc | ut Depa | rumeni | l OI | Public | неани | ווזע | ıkıng | water | Secu | lon | |
|----------------------------------|------------------|-----------|------------|--------|---------------|-----------|---------|-----------|------------|---------|---------|--------------|
| | Wat | ter Qua | lity Mo | nito | oring ai | nd Con | nplia | nce S | chedul | e | | |
| PWS ID F | PWS Name | | | | | | Classif | ication P | opulation | Owner | Type P | rimary Sour |
| CT0120202 E | BOLTON HIGH S | CHOOL | | | | | NT | NC | 304 | L | | GW |
| Local Address (where applicable) | | | | | Service | Resider | tial Co | mmercia | Industria | al Co | mbined | l Agricultur |
| 72 BRANDY STREE | T | | | | Connection | ns 1 | | | | | | |
| Towns Served: BC | LTON | | | | , | | | | | | | |
| Name | | | | Org | ganization | | | | | Jo | b Title | |
| Town of Bolton | | | | | | | | | | | | |
| Mailing Address L | ine One | | Mailing Ad | ldress | ress Line Two | | | City | | | State | Zip Code |
| 72 Brandy St | | | | | | | Bolton | | | СТ | 06043 | |
| Business Phone | Extension | Fax | ľ | Mobile | e Phone | Emergency | / Phone | Email Ad | ddress | | | |
| Contact Role(s): | Legal Contact, C | Owner | | | | | | | | | | |
| Name | | | | Org | ganization | | | | | Jo | b Title | |
| Mrs. Kristin B. He | ckt | | | Bol | lton Public S | Schools | | | Superinte | ndent | | |
| Mailing Address L | ine One | | Mailing Ad | ldress | Line Two | | | | City | ! | State | Zip Code |
| 72 Brandy Street | | | | | | | | Bolton | | | СТ | 06043 |
| Business Phone | Extension | Fax | ſ | Mobile | e Phone | Emergency | / Phone | Email Ad | ddress | | | |
| 860-643-1569 | 3407 | 860-647-8 | 8452 | | | 860-539 | -5029 | kristin.h | eckt@boltd | onct.or | 3 | |
| Contact Role(s): | Administrative | Contact | | | | | | | | | | |

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Clas | ssification | Population | Owner Type | Primary Source |
|------------------|----------------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0120212 | BOLTON CENTER SCHOOL (K-8) | | | | NTNC | 756 | L | GW |
| Local Address (v | here applicable) | Service | Residen | itial | Commerci | al Industri | al Combine | ed Agricultural |
| 108 NOTCH ROA | ND | Connections | 4 | | | | | |

| 100 NOTELL NOVE | - | | |
|---|--------------------------|--------------------------|--------------------------|
| Towns Served: BOLTON | | | |
| Monitoring | Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006 | 00) | | |
| Asbestos (1094) | | 1 routine | (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/11 - 12/31/19 | | |
| | 1/1/20 - 12/31/28 | | |
| Total Coliform (3100) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 11/30/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Total Coliform (3100) | | | 3 (TR) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 12/1/18 - 12/31/18 | | |
| Lead And Copper (PBCU) | | 10 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/17 - 12/31/19 | 6/1-9/30 | |
| | 1/1/20 - 12/31/22 | 6/1-9/30 | |
| Physical Parameters (PPS) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |
| Nitrate And Nitrite (NOX) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 12/31/19 | | |
| | 1/1/20 - 12/31/20 | | |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |
| Organic Chemicals (VOCS) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/18 - 12/31/18 | | Complete |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule | | | | | | | | | | | |
|---|----------------------------|-------------|---------|-------|-------------|------------|------------|--|----------------|--|--|
| PWS ID | PWS Name | | | | ssification | Population | Owner Type | | Primary Source | | |
| CT0120212 | BOLTON CENTER SCHOOL (K-8) | | | | NTNC 756 | | L | | GW | | |
| Local Address | (where applicable) | Service | Residen | itial | Commerci | al Industr | al Combine | | d Agricultural | | |
| 108 NOTCH RC |)AD | Connections | 4 | | | | | | | | |
| Towns Convode | DOLTON | | | | | | | | | | |

| Towns Served: BOLTON | | | | | | | |
|--|---------------------|-----------------------------|--------------------------|--|--|--|--|
| Monito | ring Requirements | | | | | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | | | | | |
| Organic Chemicals (VOCS) | | 1 rc | outine (RT) per year | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | | |
| | 1/1/19 - 12/31/19 | | Complete | | | | |
| | 1/1/20 - 12/31/20 | | | | | | |
| Water System Facility: WELL 2 (WSF ID: 10049) | | | | | | | |
| E. Coli (3014) | | 1 triggered (TG) per period | | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | | |
| WELL 2 (2) | 11/6/18 - 11/12/18 | | Complete | | | | |
| | 11/27/18 - 12/3/18 | | | | | | |
| | 11/27/18 - 12/3/18 | | | | | | |
| Water System Facility: WELL 1 (WSF ID: 10050) | | | | | | | |
| E. Coli (3014) | | 1 trigge | red (TG) per period | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | | |
| WELL 1 (2) | 11/6/18 - 11/12/18 | | Complete | | | | |
| | 11/27/18 - 12/3/18 | | | | | | |
| | 11/27/18 - 12/3/18 | | | | | | |
| Other Co | ompliance Schedules | | | | | | |

| Other Compliance Sche | Due Date Achieved Date | |
|-----------------------|------------------------|---------------|
| | Due Date | Achieved Date |

CROSS CONNECTION SURVEY REPORT 3/1/2019

Compliance Schedule Activity

| | Wa | ter System Facili | ty and Sampling P | oint Ir | ventor | v | | |
|--------------------------------|-----------------------|-------------------|----------------------------|---------|---------------------------|--------------------|----------|---------------------|
| Water System Facility ID | Water System Facility | - | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper | Asbestos | Stage WQP 2 DBPF |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| | | MW003 | DISTRIBUTION | Α | Υ | | | |
| | | MW003-S | KITCHEN SINK/STORAGE | Α | Υ | N | | |
| | | MW021-1 | ROOM 1 | Α | Υ | | | |
| | | MW027-1 | ROOM 1 | Α | Υ | N | | |
| | | MW027-15 | ROOM 15 | Α | Υ | N | | |
| | | MW027-19 | ROOM 19 | Α | Υ | N | | |
| | | MW027-2 | ROOM 2 | Α | Υ | N | | |
| | | MW027-40 | ROOM 40 | Α | Υ | N | | |
| | | MW027-5 | ROOM 5 | Α | Υ | N | | |
| | | MW027-ELRS | STAFF LUNCH RM SINK | Α | Υ | N | | |
| | | MW032 | HWY GARAGE | Α | Υ | N | | |
| | | MW033 | YMCA | Α | Υ | N | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| | Water Quality Monitoring and Compliance Schedule | | | | | | | | | | |
|----------------------------|--|---------|----------------|---|-------------|------------|-----------------|----------------|--|--|--|
| PWS ID PWS Name | | | | | ssification | Population | Owner Type | Primary Source | | | |
| CT0120212 | | NTNC | 756 | L | GW | | | | | | |
| Local Address (v | Service | Resider | ential Commerc | | al Industri | al Combine | ed Agricultural | | | | |
| 108 NOTCH ROAD Connections | | | | | | | | | | | |

Towns Served: BOLTON

| | Water System Facility and Sampling Point Inventory | | | | | | | | | | | | |
|--------------------------------|--|----------------------|----------------------------|--------|---------------------------|---------------------------------|----------|--|-----------------|--|--|--|--|
| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | | Stage 2 DBPR | | | | |
| 10049 | WELL 2 | 2 | WELL 2 | A | | | | | | | | | |
| 10050 | WELL 1 | 2 | WELL 1 | Α | | | | | | | | | |
| 48176 | ATMOSPHERIC STORAGE | | | | | | | | | | | | |
| 48178 | PRESSURE STORAGE | | | | | | | | | | | | |
| 48713 | I&M WTP | | | | | | | | | | | | |

| Water System Facility: I&M W | /TP (WSF ID: 48713) | | | | | | | | |
|-------------------------------------|---------------------|---|---------------|--|--|--|--|--|--|
| Facility Classification: CLASS 1 TR | EATMENT PLANT | | Certification | | | | | | |
| Operator Name | Operator Type | Certification(s) | Expiration | | | | | | |
| LAFRAMBOISE, PAUL F. | CHIEF OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 9/30/2021 | | | | | | |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | 9/30/2021 | | | | | | |
| Contact Information | | | | | | | | | |

Certified Operator Information

| Name | | | | Organization | 1 | | Job Title | | | | |
|----------------------|---------------|-----------|------------|-----------------|-----------------|----------------------------|----------------|----------|----------|--|--|
| Mr. Paul K. Smith | | | | | Superintendent | | | | | | |
| Mailing Address Line | e One | | Mailing Ad | ddress Line Two | | City | State | Zip Code | | | |
| 108 Notch Road | 08 Notch Road | | | | | Bolton | | | 06043 | | |
| Business Phone | Extension | Fax | | Mobile Phone | Emergency Phone | Email Ad | ldress | | | | |
| 860-643-1569 | 126 | 860-647-8 | 8452 | | | paulk.smith@boltonct.org | | | | | |
| Contact Role(s): Le | gal Contact | | · | | | | | | | | |
| Name | | | | Organization | l | Job Title | | | | | |
| Mrs. Kristin B. Heck | t | | | Bolton Public | c Schools | | Superintendent | | | | |
| Mailing Address Line | e One | | Mailing Ad | ddress Line Two | | | City | State | Zip Code | | |
| 72 Brandy Street | | | | | | Bolton | | СТ | 06043 | | |
| Business Phone | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | | | | |
| 860-643-1569 | 3407 | 860-647-8 | 8452 | | 860-539-5029 | kristin.heckt@boltonct.org | | | | | |

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | | Clas | ssification | Population | Owner Type | Primary Source |
|----------------------------------|-------------|---------|-------------|---------------|------|-------------|------------|-----------------|----------------|
| CT0120302 | SIMONIZ USA | | | | | NTNC | 30 | Р | GW |
| Local Address (where applicable) | | Service | Residen | tial Commerci | | al Industri | al Combine | ed Agricultural | |
| 201 BOSTON TU | RNPIKE ROAD | | Connections | 1 | | | | | |

| Towns Served: BOLTON | | | 1 |
|---|--------------------------|--------------------------|--------------------------|
| Monitoria | ng Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0 | 00600) | | |
| Asbestos (1094) | | 1 routine | (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/11 - 12/31/19 | | |
| | 1/1/20 - 12/31/28 | | |
| Total Coliform (3100) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | Complete |
| | 7/1/19 - 9/30/19 | | |
| Lead And Copper (PBCU) | | 5 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/18 - 12/31/18 | 6/1-9/30 | Complete |
| Lead And Copper (PBCU) | | 5 routine | (RT) per six months |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/19 - 6/30/19 | | |
| | 7/1/19 - 12/31/19 | | |
| Physical Parameters (PPS) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | Complete |
| | 7/1/19 - 9/30/19 | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/16 - 12/31/18 | | Complete |
| | 1/1/19 - 12/31/21 | | |
| | 1/1/22 - 12/31/24 | | |
| Nitrate And Nitrite (NOX) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 12/31/19 | | |
| | 1/1/20 - 12/31/20 | | |
| Pesticides, Herbicides and PCBs-Phase II (SOC2) | | | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |
| Pesticides, Herbicides and PCBs-Phase V (SOC5) | | | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| | | | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Page 7

Schedule Generation Date: 4/11/2019

| | Connecticut Department of Public Health Drinking Water Section | | | | | | | | | | | |
|-----------------|--|---------|----------------|----------|-------------|------------|------|--------------|----|--|--|--|
| | Water Quality Monitoring and Compliance Schedule | | | | | | | | | | | |
| PWS ID | PWS Name | | Classification | | Population | Owner Type | e Pr | imary Source | | | | |
| CT0120302 | SIMONIZ USA | | | | NTNC | 30 | Р | | GW | | | |
| Local Address (| Service | Residen | tial | Commerci | al Industri | al Combin | ned | Agricultural | | | | |
| 201 BOSTON TU | Connections | 1 | | | | | | | | | | |

Towns Served: BOLTON

| Monitoring | Requirements | | | | |
|--|-------------------------------|--------------------------|--------------------------|--|--|
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | | | |
| Pesticides, Herbicides and PCBs-Phase V (SOC5) | e V (SOC5) 1 routine (RT) per | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | | | |
| | 1/1/20 - 12/31/22 | | | | |
| Organic Chemicals (VOCS) | | 1 rc | outine (RT) per year | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | |
| ENTRY POINT (3) | 1/1/18 - 12/31/18 | | Complete | | |
| | 1/1/19 - 12/31/19 | | | | |
| | 1/1/20 - 12/31/20 | | | | |

| Other Compliance Schedules | | | | | | | | |
|---|------------|---------------|--|--|--|--|--|--|
| Compliance Schedule Activity | Due Date | Achieved Date | | | | | | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2012 | | | | | | | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2017 | | | | | | | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2018 | | | | | | | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2020 | | | | | | | |

| Public | Notification R | equirem | nents | | | |
|-------------------------------|-------------------|---------|---------------------|-----------|------------------|-----------|
| | Compliance | Notice | Public Notification | | PN Certification | |
| Violation/Situation | Period | Tier | Required | Performed | Due to DPH | Received |
| Lead and Copper M&R Violation | 1/1/18 - 12/31/18 | 3 | 3/3/2020 | 3/12/2019 | 3/13/2020 | 3/12/2019 |

| | W | ater System Facili | ty and Sampling P | oint Ir | iventoi | ry | | | |
|-----------------|-----------------------|--------------------|----------------------|---------|-------------------|--------------------|----------|-------|-------|
| Water System | Water System Facility | Sampling Point | Sampling Point | | Total Coliform | Lead and Copper | | 9 | Stage |
| Facility ID |) | ID | Description | Status | Rule | Rule Tier | Asbestos | WQP 2 | DBPR |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| | | SWS001 | HANDICAP BATHROOM | Р | Υ | 1 | | | |
| | | SWS002 | MENS BATHROOM | Р | Υ | 1 | | | |
| | | SWS003 | LADIES BATHRROM | Р | Υ | 1 | | | |
| | | SWS004 | BREAK ROOM | Р | Υ | 1 | | | |
| | | SWS005 | CAFETERIA | Р | Υ | 1 | | | |
| | | SWS006 | ENTRY POINT | Р | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | | |
| 10051 | WELL 1 | 2 | WELL | Α | | | | | |
| 54966 | STORAGE TANKS | | | | | | | | |

Certified Operator Information

| | Water Quality Monit | oring and | d Con | npl | iance S | Schedul | e | |
|----------------------------------|---------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source |
| CT0120302 | SIMONIZ USA | | | NTNC | 30 | Р | GW | |
| Local Address (where applicable) | | Service | Residen | ntial | Commerci | al Industri | al Combine | ed Agricultural |
| 201 BOSTON | TURNPIKE ROAD | Connections | 1 | | | | | |

Towns Served: BOLTON

| | Certified Opera | tor Information | |
|--------------------------------|----------------------------------|---|---------------|
| Water System Facility: DIS | STRIBUTION SYSTEM (WSF ID: 00600 |) | |
| Facility Classification: SMALL | WATER SYSTEM | | Certification |
| Operator Name | Operator Type | Certification(s) | Expiration |
| NIGRO, JR., VICTOR N. | CHIEF OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 6/30/2020 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2021 |
| NIGRO, SCOTT A. | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 6/30/2019 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2020 |

| | | | | Contact Inf | ormation | | | | |
|---------------------|-----------|----------|---------|--------------------------------|-----------------|---------------|-----------|----------|-------|
| Name | | | | Organization | 1 | | Job Title | | |
| Mr. William Hibbar | d | | | Simoniz USA Inc. Plant Manager | | | | | |
| Mailing Address Lin | e One | | Mailing | Address Line Two | | City | State | Zip Code | |
| 201 Boston Turnpik | e | | | | Bolton | | | СТ | 06043 |
| Business Phone | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-646-0172 | 105 | 860-645- | 5070 | | 860-209-0970 | | | | |

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source |
|------------------|-------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0120024 | ABLE COIL | | | | NTNC | 50 | Р | GW |
| Local Address (v | vhere applicable) | Service | Resider | ntial | Commercia | al Industri | al Combine | ed Agricultural |
| 25 HOWARD RC | AD | Connections | | | 1 | | | |

| Towns Served: BOLTON | | | · |
|--|--------------------------|--------------------------|--------------------------|
| Monitoring I | Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060 | 0) | | |
| Asbestos (1094) | | 1 routine | (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/11 - 12/31/19 | | |
| | 1/1/20 - 12/31/28 | | |
| Total Coliform (3100) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Lead And Copper (PBCU) | | 5 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/18 - 12/31/18 | 6/1-9/30 | |
| Lead And Copper (PBCU) | | 5 routine | (RT) per six months |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/19 - 6/30/19 | | |
| | 7/1/19 - 12/31/19 | | |
| Physical Parameters (PPS) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |
| Nitrate And Nitrite (NOX) | | 1 re | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 12/31/19 | | |
| | 1/1/20 - 12/31/20 | | |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |
| Organic Chemicals (VOCS) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 10/1/18 - 12/31/18 | | Complete |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Page 10

Schedule Generation Date: 4/11/2019

| C | onnecticut I |)enartmer | nt of Public | c Health I |)rinkir | ισ Wa | ater S | ection | |
|--|--|---------------|----------------------------|------------------|---------------|----------|----------|-----------------|-------------------|
| | | Quality Mo | | | | _ | | | |
| DIAIC ID | | Quality Mi | omtoring a | | lassification | | | | inaam. Carraa |
| | VS Name | | | C | | | | | imary Source |
| | BLE COIL | | C | Di -l ti- | NTNC | 5 | - | P | GW |
| Local Address (whe | | | Service Connecti | Residentia | | rciai in | dustrial | Combined | Agricultural |
| 25 HOWARD ROAD | | | Connecti | 0113 | 1 | | | | |
| Towns Served: BOL | TON | 5.0 | anitanina D | : | •- | | | | |
| Water System Fac | cility: ENTDY DO | | onitoring Re | equiremen | ts | | | | |
| Organic Chemica | • | INT (WSFID. O | 0700) | | | | 1 r | outine (RT) p | ner quarter |
| _ | nt (Sampling Point I | (מי | | Monitoring | n Period | Collecti | on Perio | | ance Status |
| - Camping r Cin | io (ouiii,piiiig i oiiio i | _, | | 1/1/19 - 3 | | | | | mplete |
| | | | | 4/1/19 - 6 | | | | | piece |
| | | | | 7/1/19 - 9 | | | | | |
| | | Oth | er Compliai | | | | | | |
| Compliance Schedu | ule Activity | | | | ıe Date | | Achieve | d Date | |
| CROSS CONNECTIO | | | | 3/ | 1/2023 | | | | |
| | | Public | Notificatio | n Requiren | nents | | | | |
| | | | Compliance | <u> </u> | | Notifica | tion | PN Cert | ification |
| Violation/Situation | 1 | | Period | Tier | Require | - | formed | Due to DPH | Received |
| Lead and Copper N | 1&R Violation | | 1/1/18 - 12/31 | /18 3 | 3/3/202 | | | 3/13/2020 | |
| | Wa | ter System I | acility and | Sampling P | oint Inv | entor | 'y | | |
| Water | | - | | | | Total | Lead an | nd | |
| System Water S | ystem Facility | Sampling | Point Sampling | Point | С | oliform | Coppe | r | Stage |
| Facility ID | | ID | Description | on | Status | Rule | Rule Ti | er Asbestos | WQP 2 DBPR |
| 00600 DISTRIB | UTION SYSTEM | 4 | DISTRIBU | TION SYSTEM | Α | Υ | | | |
| | | DOWNST | REAM WITHIN 5 | SERVICE CON | Α | | | | |
| | | UPSTRE | AM WITHIN 5 | SERVICE CON | Α | | | | |
| 00700 ENTRY P | OINT | 3 | ENTRY PO | DINT | Α | | | | |
| 20225 WELL | | 2 | WELL | | Α | | | | |
| | | Certi | fied Operat | or Informa | tion | | | | |
| Water System Fac | cility: DISTRIBUT | ION SYSTEM (| WSF ID: 00600) | | | | | | |
| Facility Classification | on: SMALL WATER | SYSTEM | | | | | | | Certification |
| | | Operate | or Type | Certification(| (s) | | | | Expiration |
| Operator Name | STAVENS, JOEL CHIEF OPERATOR SMALL WATER SYSTEM OPERATOR | | | | | OPERATO | OR | | 6/30/2020 |
| | | CHILF OF | | | | | | | |
| | | CHIEF OF | Contact Inf | ormation | | | | | |
| | | CHIEF OF | Contact Inf | | | | | Job Title | |
| STAVENS, JOEL | eller | CHIEF OF | | 1 | | Pres | sident | Job Title | |
| STAVENS, JOEL | | | Organization | l Electronics | | Pres | | Job Title State | Zip Code |
| Name Mr. Steven Rockefo | | | Organization Able Coil & E | l Electronics | Bolto | Cit | | | Zip Code 06040 |
| Name Mr. Steven Rockefo | | Mailing A | Organization Able Coil & E | l Electronics | | Cit | ty | State | |
| Name Mr. Steven Rockefo Mailing Address Lin 25 Howard Road | e One Extension | Mailing A | Organization Able Coil & E | Electronics | hone Ema | Cit | ty SS | State CT | |

| PWS ID PV | WS Name | ı Qua | iicy Mon | itoring a | iiu doii | _ | ication | | | Primary Source | | |
|------------------------------|------------------------------------|-------|--------------|----------------------|-------------|----------------|---------|-------------|------------|-----------------|--|--|
| CT0120024 A | BLE COIL | | | | | NT | NC | 50 | Р | GW | | |
| ocal Address (who | Address (where applicable) Service | | | | | tial Co | mmerci | al Industri | al Combine | ed Agricultural | | |
| 25 HOWARD ROAD | OWARD ROAD Co | | | | ns | | 1 | | | | | |
| Towns Served: BOI | LTON | | | | · | · | | · | | | | |
| Name | | | | Organization | | | | | Job Title | | | |
| Howard Road Rea | lty LLC | | | | | | | | | | | |
| Mailing Address Li | ne One | | Mailing Addr | ess Line Two | ss Line Two | | | City | | Zip Code | | |
| P. O. Box 9127 | | | | | | | Bolton | | СТ | 06043 | | |
| Business Phone Extension Fax | | | Mc | bile Phone Emergency | | Phone Email Ad | | Address | | | | |

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| PWS ID PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source | |
|---|--------|-------------|---------|-------------|------------|-------------|----------------|-----------------|
| CT0120424 THE CARLYLE JOHNSON MACHINE COMPANY | | | | NTNC | 42 | Р | GW | |
| Local Address (where applicable) | | Service | Resider | itial | Commercia | al Industri | al Combine | ed Agricultural |
| 291 BOSTON TU | RNPIKE | Connections | | | 1 | | | |

| Towns Served: BOLTON | | | |
|---|--------------------------|--------------------------|--------------------------|
| Monitoring | Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006 | 500) | | |
| Asbestos (1094) | | 1 routine | (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/11 - 12/31/19 | | |
| | 1/1/20 - 12/31/28 | | |
| Total Coliform (3100) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | Complete |
| | 7/1/19 - 9/30/19 | | |
| Lead And Copper (PBCU) | | 5 routine | (RT) per six months |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 6/30/19 | | |
| | 7/1/19 - 12/31/19 | | |
| Physical Parameters (PPS) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | Complete |
| | 7/1/19 - 9/30/19 | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |
| Nitrate And Nitrite (NOX) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 12/31/19 | | |
| | 1/1/20 - 12/31/20 | | |
| Lead And Copper (PBCU) | | 1 routine | (RT) per six months |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 7/1/18 - 12/31/18 | | |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |
| Organic Chemicals (VOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 4/11/2019

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| PWS ID PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source | |
|---|--------|-------------|---------|-------------|------------|-------------|----------------|-----------------|
| CT0120424 THE CARLYLE JOHNSON MACHINE COMPANY | | | | NTNC | 42 | Р | GW | |
| Local Address (where applicable) | | Service | Resider | ntial | Commercia | al Industri | al Combine | ed Agricultural |
| 291 BOSTON TU | RNPIKE | Connections | | | 1 | | | |

Towns Served: BOLTON

| Monitoring Requirements | | | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--|--|--|--|--|--|--|
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | | | | | | | | |
| Organic Chemicals (VOCS) | | 1 routine | RT) per three years | | | | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | | | | | |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | | | | | | | | |
| | 1/1/20 - 12/31/22 | | | | | | | | | |

| Mo | Monthly Water System Facility (WSF) Level Monitoring Requirements | | | | | | | | | | |
|-----------------------------|---|--------------|------------------------|--------------------------|----------------------|--|--|--|--|--|--|
| Water System Facility: | ENTRY POINT (WSFID: 00700) | | | | | | | | | | |
| Analyte | Monitoring Requirement (Summary T | уре) | Operating Limit | | Samples Req/Month | | | | | | |
| рН | Entry Point pH Monitoring (PHRD) | | Minimum: 7 PH | | Daily | | | | | | |
| Start Date: 1/3/2003 | | Compliance | History: | Operating Limit | Monitoring | | | | | | |
| | | Monitoring | Period | Compliance Status | : Compliance Status: | | | | | | |
| | | 11/1/2018 - | 11/30/2018 | | N | | | | | | |
| | | 12/1/2018 - | 12/31/2018 | | N | | | | | | |
| | | 1/1/2019 - 1 | /31/2019 | | N | | | | | | |
| | | 2/1/2019 - 2 | 2/28/2019 | | N | | | | | | |
| | | 3/1/2019 - 3 | 3/31/2019 | | | | | | | | |
| | | 4/1/2019 - 4 | 1/30/2019 | | | | | | | | |

| Other Compliance Schedules | | | | | | | | | |
|---|------------|---------------|--|--|--|--|--|--|--|
| Compliance Schedule Activity | Due Date | Achieved Date | | | | | | | |
| SWTS 1: PWS TO RECOMMEND SOWT | 3/31/2017 | | | | | | | | |
| CCTS 1: PWS TO RECOMMEND OCCT | 3/31/2017 | | | | | | | | |
| SWTS 2: DWS REVIEW & APPROVAL OF SOWT | 9/30/2017 | | | | | | | | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2018 | | | | | | | | |
| CCTS 2: DWS REVIEW & APPROVAL OF OCCT | 9/30/2018 | | | | | | | | |
| CCTS 1: PWS TO RECOMMEND OCCT | 12/31/2018 | | | | | | | | |
| SWTS 1: PWS TO RECOMMEND SOWT | 12/31/2018 | | | | | | | | |
| CROSS CONNECTION EXEMPTION | 3/1/2019 | | | | | | | | |
| SWTS 2: DWS REVIEW & APPROVAL OF SOWT | 6/30/2019 | | | | | | | | |
| CCTS 2: DWS REVIEW & APPROVAL OF OCCT | 6/30/2020 | · | | | | | | | |

| Public Notification Requirements | | | | | | | | | | |
|-----------------------------------|------------------|--------|-----------|-------------------|------------|-----------------|--|--|--|--|
| | Compliance | Notice | Public No | <u>tification</u> | PN Certi | <u>fication</u> | | | | |
| Violation/Situation | Period | Tier | Required | Performed | Due to DPH | Received | | | | |
| Physical Parameters M&R Violation | 3/1/11 - 5/30/11 | 3 | 2/19/2011 | | 3/1/2011 | | | | | |
| Lead and Copper TT Violation | 4/1/17 - | 3 | 8/26/2017 | | 9/5/2017 | | | | | |

| | Water System Facility and Sampling Point Inventory | | | | | | | | | |
|--------------------------------|--|----------------------|--|--------|---------------------------|---------------------------------|----------|-----|-----------------|--|
| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | WQP | Stage 2 DBPR | |
| 00600 | DISTRIBUTION SYSTEM | 4 DOWNSTREAM | DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON | A A | Υ | | | | | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| | Connecticut Department of Public Health Drinking Water Section | | | | | | | | | |
|------------------|--|-------------|------|---------------------------|-------------|------------|-----------------|----|--|--|
| | Water Quality Monitoring and Compliance Schedule | | | | | | | | | |
| PWS ID | PWS Name | | | Classification Population | | Owner Type | Primary Source | | | |
| CT0120424 | THE CARLYLE JOHNSON MACHINE COMPAN | ΙΥ | | | NTNC | 42 | Р | GW | | |
| Local Address (\ | Service | Residen | tial | Commerci | al Industri | al Combin | ed Agricultural | | | |
| 291 BOSTON TU | IRNPIKE | Connections | | | 1 | | | | | |

| Towns Served: E | 3OLTON |
|-----------------|--------|
|-----------------|--------|

| | Water System Facility and Sampling Point Inventory | | | | | | | | | |
|-----------------|--|------------|-------------------------|--------|-------------------|--------------------|----------|------------|--|--|
| Water System | Water System Facility | | Sampling Point | | Total Coliform | Lead and Copper | | Stage | | |
| Facility ID |) | ID | Description | Status | Rule | Rule Tier | Asbestos | WQP 2 DBPR | | |
| | | MW001-D | DOWNSTAIRS MENS ROOM | Α | Υ | N | Υ | | | |
| | | MW003 | KITCHEN | Α | Υ | N | | | | |
| | | MW005 | BREAK ROOM | Α | Υ | | | | | |
| | | MW017-U | UPSTAIRS BATHROOM | Α | Υ | N | | | | |
| | | MW027-DRNB | DRESS ROOM NEW BLDG | Α | Υ | N | | | | |
| | | MW038 | HANDICAP NEW BLDG | Α | Υ | N | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | | | |
| 10809 | WELL | 2 | WELL | Α | | | | | | |
| 1093 | POTASH INJECTION SYSTEM | | | | | | | | | |

| Certified | Operator | Information |
|-----------|----------|-------------|
|-----------|----------|-------------|

| Water System Easility | POTASH INJECTION SYSTEM | /M/CE ID: | 10021 |
|------------------------|-------------------------|-----------|-------|
| water system Facility: | POTASH INJECTION SYSTEM | (WSF ID: | T0331 |

| Facility Classification: CLASS 1 TR | EATMENT PLANT | | Certification |
|-------------------------------------|----------------|---|---------------|
| Operator Name | Operator Type | Certification(s) | Expiration |
| LAFRAMBOISE, PAUL F. | CHIEF OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 9/30/2021 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | 9/30/2021 |

| | | | C | ontact Inf | ormation | | | | |
|---------------------|----------------|-----------|-------------|---------------|---------------------|----------|----------|-----------|------------|
| Name | | | | Organization | 1 | | | Job Title | 9 |
| Mr. Micheal Gamad | che | | | 291 Boston | Tpke Associates LLC | | Manager | | |
| Mailing Address Lin | e One | I | Mailing Add | ress Line Two | | | City | State | Zip Code |
| 291 Boston Turnpik | e | | P O Box 954 | 6 | | Bolton | | CT | 06043-9546 |
| Business Phone | Extension | Fax | M | obile Phone | Emergency Phone | Email Ad | ldress | | |
| 860-643-1531 | | 860-646-2 | 645 | | | MEG@C | JMCO.COM | | |
| Contact Role(s): Le | gal Contact, C | Owner | · | | | | | | |
| Name | | | | Organization | 1 | | | Job Title | ۵ |

| Mr. Bart Bauers Ir | | Cfo |
|--------------------|--------------|-----|
| Name | Organization | J |

| ivir. Dart bauers Jr. | | Clo | | | | | | | | |
|-----------------------------------|--------------|---------------------|------------------|------|----|-------|----------|--|--|--|
| Mailing Address Line One | Mailing Addr | ress Line Two | | City | | State | Zip Code | | | |
| 291 Boston Turnpike | -6 | | Bolton | | CT | 06043 | | | | |
| During a Diagram Cotton in Cotton | abila Dhana | Francisco de Discos | Francii Addunana | • | | | | | | |

| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
|----------------|-----------|--------------|--------------|-----------------|---------------|
| 860-643-1531 | 104 | 860-646-2645 | | | |

Contact Role(s): Legal Contact

| C | onnectic | ut Depa | irtme | ent or | Public | Health | ווזעו | nking | , water | Section | |
|---------------------|-----------------|----------|---------|---------|------------------------|-----------|----------|------------|-------------|----------------|----------------|
| | Wat | ter Qua | lity M | Ionito | oring ai | nd Con | nplia | nce S | Schedul | le | |
| PWS ID P | WS Name | | | | | Classif | ication | Population | Owner Type | Primary Source | |
| CT0120424 T | HE CARLYLE JO | HNSON MA | CHINE C | OMPANY | 1 | | NT | NC | 42 | Р | GW |
| Local Address (wh | ere applicable) | | | | Service | Resider | ntial Co | mmercia | al Industri | al Combine | ed Agricultura |
| 291 BOSTON TURNPIKE | | | | | Connection | ıs | | 1 | | | |
| Towns Served: BO | LTON | | | | | | | | | <u> </u> | |
| Name | | | | Or | Organization Job Title | | | | | e | |
| Mr. Donald J. Har | tl | | | Ca | rlyle Johnso | n Machine | Co. | | | | |
| Mailing Address Li | ne One | | Mailing | Address | Line Two | | | | City | State | Zip Code |
| 291 Boston Tpke. | | | PO Box | 9546 | | | | Bolton | | СТ | 06043 |
| Business Phone | Extension | Fax | | Mobile | e Phone | Emergency | y Phone | Email A | Address | | |
| 860-643-1531 | 107 | 860-646- | 2645 | | | | | MAXIT | ORQ@CJM0 | CO.COM | |
| Contact Role(s): | Administrative | Contact | " | | " | | | 1 | | | |

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source |
|----------------------------------|----------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0120434 | | NTNC | 25 | Р | GW | | | |
| Local Address (where applicable) | | Service | Resider | ntial | Commercia | al Industri | al Combine | ed Agricultural |
| 200 BOSTON TU | RNPIKE | Connections | | | 1 | | | |

| Toward Company POLTON | | | I |
|---|--------------------------|--------------------------|--------------------------|
| Towns Served: BOLTON | - | | |
| Monitoring | Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006 | 00) | | |
| Asbestos (1094) | | 1 routine | (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/11 - 12/31/19 | | |
| | 1/1/20 - 12/31/28 | | |
| Total Coliform (3100) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Lead And Copper (PBCU) | | 5 routine | (RT) per six months |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 6/30/19 | | |
| | 7/1/19 - 12/31/19 | | |
| Physical Parameters (PPS) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/18 - 12/31/20 | | |
| | 1/1/21 - 12/31/23 | | |
| Nitrate And Nitrite (NOX) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | | Compliance Status |
| ENTRY POINT (3) | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/16 - 12/31/18 | | Complete |
| | 1/1/19 - 12/31/21 | | |
| | 1/1/22 - 12/31/24 | | |
| Organic Chemicals (VOCS) | | 1 re | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/18 - 12/31/18 | | Complete |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| | Water Quality Monitoring and Compliance Schedule | | | | | | | | | | |
|---|--|---------|-------|----------|------------|------|---------|-----------------|----|--|--|
| PWS ID PWS Name Classification Population Owner Type Primary Source | | | | | | | | | | | |
| CT0120434 | COMCAST CORPORATION | | | | NTNC | 25 | | Р | GW | | |
| Local Address | (where applicable) | Residen | itial | Commerci | al Industi | rial | Combine | ed Agricultural | | | |
| 200 BOSTON 1 | 00 BOSTON TURNPIKE Connections 1 | | | | | | | | | | |

| Towns | Served | DOI: | LON |
|-------|--------|------|------|
| TOWNS | Serveo | BUL | עוטו |

| Monitoring Requirements | | | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--|--|--|--|--|--|--|
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | | | | | | | | |
| Organic Chemicals (VOCS) | | 1 r | outine (RT) per year | | | | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | | | | | |
| | 1/1/19 - 12/31/19 | | | | | | | | | |
| | 1/1/20 - 12/31/20 | | | | | | | | | |
| Monthly Water System Facility (W | SF) Level Monitori | ng Requiremen | ts | | | | | | | |

| 14101 | inting tracer bystem radinty (| viol / Level World | mg nequireme | 1165 |
|-----------------------------|------------------------------------|----------------------------|------------------------|----------------------|
| Water System Facility: | ENTRY POINT (WSFID: 00700) | | | |
| Analyte | Monitoring Requirement (Summary Ty | ype) Operating Lim | it | Samples Req/Month |
| рН | Entry Point pH Monitoring (PHRD) | Minimum: 7.0 | PH | 4 |
| Start Date: 1/1/2004 | | Compliance History: | Operating Limit | Monitoring |
| | | Monitoring Period | Compliance Status | : Compliance Status: |
| | | 11/1/2018 - 11/30/2018 | | N |
| | | 12/1/2018 - 12/31/2018 | | N |
| | | 1/1/2019 - 1/31/2019 | | N |
| | | 2/1/2019 - 2/28/2019 | | N |
| | | 3/1/2019 - 3/31/2019 | | |
| | | 4/1/2019 - 4/30/2019 | | |
| | | | | |

| Other Compliance Schedules | | | | | | | | | | |
|---|-----------|---------------|--|--|--|--|--|--|--|--|
| Compliance Schedule Activity | Due Date | Achieved Date | | | | | | | | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/31/2018 | | | | | | | | | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2018 | | | | | | | | | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2020 | | | | | | | | | |

| | Water System Facility and Sampling Point Inventory | | | | | | | | | | |
|--------------------------------|--|----------------------|----------------------------|--------|---------------------------|---------------------------------|----------|---------------------|--|--|--|
| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR | | | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | | | | |
| | | BB100 | BASEMENT BATH | Р | | 3 | | | | | |
| | | BR400 | BREAK ROOM | Р | | 3 | | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | | |
| | | FFB200 | FIRST FLOOR BATH | Р | Υ | 3 | | | | | |
| | | OSC500 | OUTSIDE SILLCOCK | Р | | 3 | | | | | |
| | | SFB300 | SECOND FLOOR BATH | Р | | 3 | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | | | | |
| 10968 | WELL | 2 | WELL | Α | | | | | | | |
| 1660 | WTP - PH ADJ | | | | | | | | | | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Certified Operator Information

| | Water Quality Monitoring and Compliance Schedule | | | | | | | | | |
|--|--|-------------|--|--|-------------|-------------|------------|-----------------|--|--|
| PWS ID PWS Name | | | | | ssification | Population | Owner Type | Primary Source | | |
| CT0120434 | COMCAST CORPORATION | | | | NTNC | 25 | Р | GW | | |
| Local Address (where applicable) Service F | | | | | Commerci | al Industri | al Combine | ed Agricultural | | |
| 200 BOSTON TU | RNPIKE | Connections | | | 1 | | | | | |

| Towns Served: BOL | TON | | | | | | | | · |
|---|----------------|------------|--------------|--------------|-------------------|----------|---------------|-----------|---------------|
| | | | Certifie | d Operat | or Information | 1 | | | |
| Water System Fac | cility: WTP - | PH ADJ (V | VSF ID: 1660 |)) | | | | | |
| Facility Classification | on: CLASS 1 TF | REATMENT P | LANT | | | | | | Certification |
| Operator Name | | | Operator T | 'уре | Certification(s) | | | | Expiration |
| KLOBUKOWSKI, STE | VEN J. | | CHIEF OPERA | ATOR | DISTRIBUTION SYST | ГЕМ ОРЕ | RATOR - CLASS | Ш | 6/30/2020 |
| WATER TREATMENT PLANT OPERATOR - CLASS IV | | | | | | | ASS IV | 6/30/2019 | |
| | | | Co | ontact Inf | ormation | | | | |
| Name | | | | Organization | on Job Ti | | | | 2 |
| Mr. Robert Brown | | | | Comcast | | | | | |
| Mailing Address Lin | e One | | Mailing Addr | ess Line Two | | | City | State | Zip Code |
| 854 Farmington Av | enue | | | | | West Ha | rtford | СТ | 06179 |
| Business Phone | Extension | Fax | Mo | obile Phone | Emergency Phone | Email Ac | ldress | | |
| 860-505-2090 | | | | | | | | | |
| Contact Role(s): A | dministrative | Contact | | | | | | | |
| Name | | | | Organization | l | | | Job Title | <u> </u> |
| Mr. Bill Johnson | | | | Comcast | | | Facility Mngr | | |
| Mailing Address Lin | e One | | Mailing Addr | ess Line Two | | | City | State | Zip Code |
| | | | | | | | | | |

Contact Role(s): Legal Contact

Extension

Please note the following:

854 Farmington Ave

Business Phone

860-505-3356

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mobile Phone

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

860-519-1639

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

West Hartford

Emergency Phone Email Address

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

06119

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| PWS ID PWS Name Cla | | | | | | Population | Owner Type | Primary Source |
|---------------------|------------------------------------|-------------|-------|----------|-------------|------------|-----------------|----------------|
| CT0120343 | HANS CHRISTIAN ANDERSEN MONTESSORI | | | | NTNC | 30 | Р | GW |
| Local Address (v | Service | Resider | ntial | Commerci | al Industri | al Combine | ed Agricultural | |
| 212 BOLTON CE | NTER ROAD | Connections | 2 | | | | | |

| Towns Served: BOLTON | | | |
|--|--------------------|--------------------------|----------------------|
| Monitor | ing Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: | 00600) | | |
| Asbestos (1094) | | 1 routine | (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/11 - 12/31/19 | | |
| | 1/1/20 - 12/31/28 | | |
| Total Coliform (3100) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Lead And Copper (PBCU) | | 5 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/17 - 12/31/19 | 6/1-9/30 | |
| | 1/1/20 - 12/31/22 | 6/1-9/30 | |
| Physical Parameters (PPS) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | |
| Inorganic Chemicals (IOCS) | | | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/18 - 12/31/20 | | |
| | 1/1/21 - 12/31/23 | | |
| Nitrate And Nitrite (NOX) | | 1 re | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 12/31/19 | | |
| | 1/1/20 - 12/31/20 | | |
| Pesticides, Herbicides and PCBs-Phase II (SOC2) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |
| Pesticides, Herbicides and PCBs-Phase V (SOC5) | | | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |
| Organic Chemicals (VOCS) | | | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| | C | | ı D | | CD 11: | TT. 1.1 | D . | .1. | TAT . | - 0 | 1 * | |
|------------------------------------|-----------------|--------------------------|--------------|----------------|---------------|--------------|---------|----------|-----------|---------|------------|----------------|
| | Co | nnectic | ut Depa | irtment of | Public | Health | Drii | nking | Wate | er Se | ection | |
| | | Wa | ter Qua | lity Monit | oring a | nd Con | ıplia | nce S | ched | ule | | |
| PWS ID | PW | 'S Name | | | | | Classif | ication | Populati | on Ow | ner Type F | Primary Source |
| CT0120343 | HA | NS CHRISTIAI | N ANDERSEN | N MONTESSORI | | | NT | NC | 30 | | Р | GW |
| Local Addres | ss (wher | e applicable) | | | Service | Residen | tial Co | mmercia | al Indu | strial | Combined | d Agricultural |
| 212 BOLTON | N CENTE | R ROAD | | | Connectio | ns 2 | | | | | | |
| Towns Serve | ed: BOLT | ON | | | | | | | | | | |
| | | | | | | quireme | nts | | | | | |
| Water Syst | em Faci | ility: ENTR | Y POINT (V | VSF ID: 00700) | | | | | | | | |
| Organic Ch | | | | | | | | | | | | three years |
| Sampling Point (Sampling Point ID) | | | | | | Monitori | | | ollection | Period | | iance Status |
| ENTRY | ENTRY POINT (3) | | | | | 1/1/16 - | | | | | Co | omplete |
| | | | | | | 1/1/19 - | | | | | | |
| | | | | | | 1/1/22 - | | 24 | | | | |
| | | | | Other C | omplian | ce Sched | ules | | | | | |
| Compliance | Schedul | le Activity | | | | | Due Da | te | Ac | hieved | l Date | |
| CROSS CONI | NECTION | I EXEMPTION | | | | | 3/1/202 | 12 | | | | |
| SUBMIT LEA | D CONS | UMER NOTIC | E CERTIFICAT | TE | | 1 | 2/29/20 | 013 | | | | |
| | | | Water S | ystem Facili | ity and S | ampling | Poin | t Inve | ntory | | | |
| Water | | | | | | | | | | ad and | 1 | |
| • | Vater Sy | stem Facility | | Sampling Point | | | | _ | | opper | | Stage |
| Facility ID | | | | ID . | Description | | | itus | | ule Tie | r Asbestos | WQP 2 DBPR |
| 00600 D | DISTRIBU | TION SYSTEM | 1 | 4 | DISTRIBUT | | | Y | | | | |
| | | | | BTHRMSINK | BATHROOM SINK | | | | Y | 2 | | |
| | | | | CLSSRM | CLASSROO | | | A | Y | 2 | | |
| | | | | DOWNSTREAM | | | | A | | | | |
| | | | | KITSINK | • | ENTRY POINT | | A | Y | 2 | Υ | |
| | | | | UPSTREAM | WITHIN 5 | SERVICE CON | ۱ ، | A | | | | |
| 00700 E | NTRY PC | DINT | | 3 | ENTRY POI | NT | | A | | | | |
| | | RISTIAN AND SORI WELL | ERSEN | 2 | HANS CHR | ISTIAN ANDI | ER , | A | | | | |
| | | | | Certified | Operato | or Inform | atior | 1 | | | | |
| Water Syst | em Faci | ility: DISTR | IBUTION S' | YSTEM (WSF I | D: 00600) | | | | | | | |
| Facility Clas | sificatio | n: SMALL WA | ATER SYSTEM | 1 | | | | | | | | Certification |
| Operator No | ame | | | Operator Typ | e | Certificatio | n(s) | | | | | Expiration |
| NAVICKIS, T | HOMAS | L. | | CHIEF OPERATO | OR . | WATER TRE | ATMEN | NT PLANT | OPERA | TOR - C | CLASS I | 6/30/2021 |
| | | | | Con | tact Info | ormation | | | | | | |
| Name | | | | | rganization | | | | | | Job Title | |
| Hans Christi | ian Ande | erson | | | <u> </u> | | | | | | | |
| Mailing Add | | | | Mailing Addres | s Line Two | | | | City | | State | Zip Code |
| 212 Bolton (| | | | | | | | Bolton | • | | СТ | 06043 |
| Business P | hone | Extension | Fax | Mobi | ile Phone | Emergency | Phone | Email A | ddress | | 1 | |
| | | | | | | | | | | | | |
| Contact Role | e(s): Le | gal Contact, (| Owner | | | | | | | | | |

| | Connecticu | t Depa | irtment of | Public | Health | Drir | ıking | Water | Section | | |
|--|-------------------|--------|-----------------|---------------|-----------|----------|-----------------|------------------------------------|------------|----------------|--|
| | Wate | er Qua | lity Monit | oring ar | nd Con | nplia | nce S | chedul | e | | |
| PWS ID P | WS Name | | | | | Classif | ication | Population | Owner Type | Primary Source | |
| CT0120343 HANS CHRISTIAN ANDERSEN MONTESSORI | | | | | | | NC | 30 | Р | GW | |
| Local Address (wh | ere applicable) | | | Service | Resider | ntial Co | mmercia | mercial Industrial Combined Agricu | | | |
| 212 BOLTON CEN | TER ROAD | | | Connection | s 2 | | | | | | |
| Towns Served: BC | LTON | | | | · | | | · | | | |
| Name | | | Oi | rganization | | | Job Title | | | | |
| Mrs. Regina L. Kis | er | | На | ans Christian | Andersen | M. Sch | | Director | | | |
| Mailing Address L | ine One | | Mailing Address | s Line Two | | | | City | State | Zip Code | |
| | | | 212 Bolton Cen | ter Road | | | Bolton CT 06043 | | | | |
| Business Phone | Extension | Fax | Mobi | le Phone | Emergency | / Phone | Email A | ddress | , | | |
| 860-646-5727 | | | | | | | admin@ | hcams.org | ; | | |
| Contact Role(s): | Administrative Co | ontact | | | | | • | | | | |

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source |
|-----------------|------------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0121023 | MUNSON'S CANDY KITCHEN | | | | NTNC | 30 | Р | GW |
| Local Address (| where applicable) | Service | Residen | ntial | Commerci | al Industri | al Combine | ed Agricultural |
| ROUTE 6 | | Connections | 1 | | | | | |

| ROUTE 0 | 1 | | |
|---|--------------------------|--------------------------|----------------------|
| Towns Served: BOLTON | | | |
| Monitor | ing Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: | 00600) | | |
| Asbestos (1094) | · | 1 routine | (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/11 - 12/31/19 | | Complete |
| | 1/1/20 - 12/31/28 | | • |
| Total Coliform (3100) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | Complete |
| | 7/1/19 - 9/30/19 | | |
| Lead And Copper (PBCU) | | 5 routine | (RT) per six months |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 6/30/19 | | |
| | 7/1/19 - 12/31/19 | | |
| Physical Parameters (PPS) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | Complete |
| | 7/1/19 - 9/30/19 | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | |
| Chloride (1017) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | Complete |
| | 7/1/19 - 9/30/19 | | |
| Inorganic Chemicals (IOCS) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 12/31/19 | | Complete |
| | 1/1/20 - 12/31/20 | | |
| Nitrate And Nitrite (NOX) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 12/31/19 | | Complete |
| | 1/1/20 - 12/31/20 | | |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| | | | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| | Conne | ecticut Department of | Public I | lealth | Dr | inkin | g W | /ater | Sec | ction | |
|---------------|---------------|----------------------------------|-------------|---------------------------|--------|------------------|-------|-----------|-------|------------|---------------|
| | | Water Quality Monito | oring an | d Con | npli | iance | Sch | nedul | e | | |
| PWS ID | PWS Nam | e | | | Clas | sification | Pop | ulation | Own | er Type Pı | rimary Source |
| CT0121023 | MUNSON | 'S CANDY KITCHEN | | | 1 | NTNC | | 30 | | Р | GW |
| Local Address | (where appli | icable) | Service | Residen | ntial | Commer | cial | Industri | al (| Combined | Agricultural |
| ROUTE 6 | | | Connections | 1 | | | | | | | |
| Towns Served: | BOLTON | | | | | | | | | | |
| | | Monito | ring Req | uireme | nts | | | | | | |
| Water Systen | n Facility: | ENTRY POINT (WSF ID: 00700) | | | | | | | | | |
| Pesticides, H | lerbicides a | and PCBs - Phase II & V (SOCS) | | | | | | 1 rou | ıtine | (RT) per t | three years |
| Sampling | Point (Sam | oling Point ID) | | Monitori | ing Pe | eriod | Colle | ction Pe | riod | Compli | ance Status |
| ENTRY PC | DINT (3) | | | 1/1/17 - | | | | | | | |
| | | | | 1/1/20 - | 12/3 | 1/22 | | | | | |
| Organic Che | • | • | | | | | | | 1 r | = | T) per year |
| | | oling Point ID) | | Monitori | | | Colle | ction Pe | riod | | ance Status |
| ENTRY PC | DINT (3) | | | 1/1/18 - | | - | | | | Со | mplete |
| | | | | 1/1/19 - | | - | | | | | |
| | | | | 1/1/20 - | • | | | | | | |
| | Mor | nthly Water System Facili | ty (WSF) | Level N | Иon | itorin | g Re | quire | men | its | |
| Water Systen | n Facility: I | ENTRY POINT (WSFID: 00700) | | | | | | | | | |
| Analyte | | Monitoring Requirement (Summa | ry Type) | Ope | eratin | g Limit | | | S | Samples Re | eq/Month |
| рН | | Entry Point pH Monitoring (PHRD) | | Min | imun | n: 7.2 PH | 1 | | | 4 | ļ |
| Start Date: | 4/1/2018 | | Compli | ance Hist | ory: | c | Opera | ting Limi | it | Monitor | ring |
| | | | Monito | ring Perio | od | C | Compl | iance St | atus: | Complia | nce Status: |
| | | | | 018 - 11/3 | | | | | | | N |
| | | | |)18 - 12/3 | | | | | | | N |
| | | | | L9 - 1/31/ | | | | | | | N |
| | | | | L9 - 2/28/ | | | | | | | N |
| | | | | L9 - 3/31/ | | | | | | | |
| | | | | L9 - 4/30/ | | | | | | | |
| Analyte | | Monitoring Requirement (Summa | | - | | g Limit | | | S | - | eq/Month |
| pH | | Entry Point pH Monitoring (PHRD) | | | | m: 7.8 PF | + | | | 4 | |
| Start Date: | 4/1/2018 | | | ance Hist | - | | - | ting Limi | | Monitor | • |
| | | | | ring Perio | | | Compl | iance St | atus: | Compila | nce Status: |
| | | | |)18 - 11/3 | | | | Y | | | Υ |
| | | | |)18 - 12/3 19 - 1/31/3 | | | | Υ | | | Y N |
| | | | | 19 - 1/31/ 19 - 2/28/ | | | | | | | N |
| | | | | 19 - 2/26/ 19 - 3/31/ | | | | | | | i v |
| | | | | 19 - 3/31/ 19 - 4/30/ | | | | | | | |
| | | Other Co | | | | | | | | | |
| Compliance Sc | hedule Activ | | piidiie | | Due I | | | Achie | ved r | ate | |
| compnance 30 | meduie Atti | · icy | | | Due L | Jule | | Actile | veu D | utc | |

CCTS 7: DWS TO SPECIFY OPTIMAL WQPS
CCTS 6: PWS MONITOR AFTER OCCT INSTALL

CROSS CONNECTION EXEMPTION 3/1/2018

| Public Notification Requirements | | | | | | | | | |
|----------------------------------|--|------|----------|-----------|------------|----------|--|--|--|
| | Compliance Notice <u>Public Notification</u> <u>PN Certification</u> | | | | | | | | |
| Violation/Situation | Period | Tier | Required | Performed | Due to DPH | Received | | | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source |
|----------------------------------|------------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0121023 | MUNSON'S CANDY KITCHEN | | | | NTNC | 30 | Р | GW |
| Local Address (where applicable) | | Service | Resider | ntial | Commercia | al Industri | al Combine | ed Agricultural |
| ROUTE 6 | | Connections | 1 | | | | | |

Towns Served: BOLTON

54349 PUMP STATION

| Public Notification Requirements | | | | | | | | | | |
|----------------------------------|-------------------|--------|-----------|-------------------|------------|-----------------|--|--|--|--|
| | Compliance | Notice | Public No | <u>tification</u> | PN Certi | <u>fication</u> | | | | |
| Violation/Situation | Period | Tier | Required | Performed | Due to DPH | Received | | | | |
| Thallium M&R Violation | 1/1/17 - 12/31/17 | 3 | 3/9/2019 | 2/7/2019 | 3/19/2019 | 2/7/2019 | | | | |
| Beryllium M&R Violation | 1/1/17 - 12/31/17 | 3 | 3/9/2019 | 2/7/2019 | 3/19/2019 | 2/7/2019 | | | | |
| Antimony M&R Violation | 1/1/17 - 12/31/17 | 3 | 3/9/2019 | 2/7/2019 | 3/19/2019 | 2/7/2019 | | | | |
| Sulfate M&R Violation | 1/1/17 - 12/31/17 | 3 | 3/9/2019 | 2/7/2019 | 3/19/2019 | 2/7/2019 | | | | |
| Sodium M&R Violation | 1/1/17 - 12/31/17 | 3 | 3/9/2019 | 2/7/2019 | 3/19/2019 | 2/7/2019 | | | | |
| Silver M&R Violation | 1/1/17 - 12/31/17 | 3 | 3/9/2019 | 2/7/2019 | 3/19/2019 | 2/7/2019 | | | | |
| Selenium M&R Violation | 1/1/17 - 12/31/17 | 3 | 3/9/2019 | 2/7/2019 | 3/19/2019 | 2/7/2019 | | | | |
| Nickel M&R Violation | 1/1/17 - 12/31/17 | 3 | 3/9/2019 | 2/7/2019 | 3/19/2019 | 2/7/2019 | | | | |
| Mercury M&R Violation | 1/1/17 - 12/31/17 | 3 | 3/9/2019 | 2/7/2019 | 3/19/2019 | 2/7/2019 | | | | |
| Fluoride M&R Violation | 1/1/17 - 12/31/17 | 3 | 3/9/2019 | 2/7/2019 | 3/19/2019 | 2/7/2019 | | | | |
| Cyanide M&R Violation | 1/1/17 - 12/31/17 | 3 | 3/9/2019 | 2/7/2019 | 3/19/2019 | 2/7/2019 | | | | |
| Chromium M&R Violation | 1/1/17 - 12/31/17 | 3 | 3/9/2019 | 2/7/2019 | 3/19/2019 | 2/7/2019 | | | | |
| Cadmium M&R Violation | 1/1/17 - 12/31/17 | 3 | 3/9/2019 | 2/7/2019 | 3/19/2019 | 2/7/2019 | | | | |
| Barium M&R Violation | 1/1/17 - 12/31/17 | 3 | 3/9/2019 | 2/7/2019 | 3/19/2019 | 2/7/2019 | | | | |
| Arsenic M&R Violation | 1/1/17 - 12/31/17 | 3 | 3/9/2019 | 2/7/2019 | 3/19/2019 | 2/7/2019 | | | | |

| , ar serine iv | 1011 1101011011 | -/-/ | 1, 12,31,1, | 3/3/20 | | 7/2013 | 3/13/2013 | 2///2013 |
|----------------|-----------------------|-------------------|----------------------|---------|----------|----------|------------|------------|
| | Wat | ter System Facili | ity and Sampling P | oint Ir | nventoi | ТУ | | |
| Water | | | | | Total | Lead and | 1 | |
| System | Water System Facility | Sampling Point | Sampling Point | | Coliform | Copper | | Stage |
| Facility IE | | ID | Description | Status | Rule | Rule Tie | r Asbestos | WQP 2 DBPR |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| | | MW003 | KITCHEN | Α | Υ | 3 | | |
| | | MW005 | BREAK ROOM | Α | Υ | 3 | | |
| | | MW027-CDY | CANDY ROOM | Α | Υ | 3 | | Υ |
| | | MW027-ERB | ENROBER ROOM | Α | Υ | 3 | | |
| | | MW027-OB | OFFICE BATHROOM | Α | Υ | 3 | | Υ |
| | | MW027-PAC | PACKING ROOM | Α | Υ | 3 | | |
| | | MW028-E | EMPLOYEE LOUNGE | Α | Υ | 3 | Υ | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | А | | | | |
| 10933 | WELL #1 | 2 | WELL #1 | А | | | | |
| 1662 | TREATMENT PLANT | | | | | | | |
| 54345 | BLADDER TANKS | | | | | | | |
| 54347 | ATMOSPHERIC TANKS | | | | | | | |

Certified Operator Information

| | Water Quality Monitoring and Compliance Schedule | | | | | | | |
|------------------|--|--|--|--|----------|-------------|------------|-----------------|
| PWS ID | PWS ID PWS Name | | | | | Population | Owner Type | Primary Source |
| CT0121023 | MUNSON'S CANDY KITCHEN | | | | NTNC | 30 | Р | GW |
| Local Address (v | Local Address (where applicable) Service Resid | | | | Commerci | al Industri | al Combine | ed Agricultural |
| ROUTE 6 | ROUTE 6 Connections | | | | | | | |

Towns Served: BOLTON

| | | | Certifie | d Operate | or Information | 1 | | | |
|--|---|-------------|--------------|--------------|------------------|-----------|-------------|------------|---------------|
| Water System Fac | cility: TREAT | MENT PLA | NT (WSF ID | : 1662) | | | | | |
| Facility Classification | n: CLASS 1 TR | REATMENT PI | _ANT | | | | | | Certification |
| Operator Name | | | Operator T | уре | Certification(s) | | | | Expiration |
| LAFRAMBOISE, PAU | AFRAMBOISE, PAUL F. CHIEF OPERATOR DISTRIBUTION SYSTEM OPERATOR - CLASS I | | | | SS I | 9/30/2021 | | | |
| | | | | | WATER TREATMEN | IT PLANT | OPERATOR - | - CLASS II | 9/30/2021 |
| | | | Co | ontact Info | ormation | | | | |
| Name | | | | Organization | | | | Job Title | |
| Mr. Robert Munson Munson's Candy Kitchen Owner/President | | | | | | sident | | | |
| Mailing Address Lin | lailing Address Line One Mailing Address Line Two City State | | | | | State | Zip Code | | |
| 174 Hop River Rd | | | | | | Bolton | | СТ | 06043 |
| Business Phone | Extension | Fax | Mo | obile Phone | Emergency Phone | Email Ad | ldress | | |
| 860-649-4332 | | 860-649-7 | 209 | | | | | | |
| Contact Role(s): Le | gal Contact, C |)wner | · | | | | | | |
| Name | | | | Organization | ation Job Titl | | | | |
| Mr. Jim Florence | | | | Munson's Ca | ndy Kitchen | | | | |
| Mailing Address Lin | e One | | Mailing Addr | ess Line Two | | | City | State | Zip Code |
| 174 Hop River Road | | | | | | Bolton | | СТ | 06043 |
| Business Phone | Extension | Fax | Mo | obile Phone | Emergency Phone | Email Ad | ldress | | |
| 860-649-4332 | | | | | | jim@mu | insonschoco | lates.com | |
| Contact Role(s): Ac | dministrative | Contact | | | | | | | |

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule